EPI Update for Friday, February 18, 2005
Center For Acute Disease Epidemiology
Iowa Department of Public Health

Items for this week's EPI Update include:

- **Disease Reporting Posters**
- **Reportable Environmental Conditions -Carbon Monoxide Poisonings**
- **Hockey and Influenza**
- **What is Community Acquired MRSA?**
- **The Epi 5**
- **Meeting Announcement and Training Opportunities**

Disease Reporting Posters

Both the revised "Diseases Reportable to Iowa Department of Public Health" and the new "Environmental and Occupational Diseases Reportable to Iowa Department of Public Health" posters are now available through the Clearinghouse. Please use them in conjunction with each other. They can be obtained by calling 888-398-9696. Any backorders due to unavailability are being filled. If you have not received your items that were backordered, please notify the Clearinghouse.

Reportable Environmental Conditions -Carbon Monoxide Poisonings

Carbon monoxide is harmful because it displaces oxygen in the blood and deprives the heart, brain, and other vital organs of needed oxygen. Large amounts of carbon monoxide in the air can overcome a person in minutes, causing loss of consciousness and suffocation. It is odorless and colorless. Symptoms may occur sooner in those most susceptible: young children, elderly people, people with lung or heart disease, people at high altitudes, or those who already have elevated carbon monoxide blood levels, such as smokers. Carbon monoxide poisoning also poses a special risk to fetuses. Mild poisoning can be reversed if caught in time. However, acute poisoning may result in permanent damage the heart and brain.

The most common symptoms of carbon monoxide poisoning are headache, dizziness, weakness, nausea, vomiting, chest tightness and pain, and confusion. Sudden chest pain may occur in people with angina. High levels of carbon monoxide inhalation can cause loss of consciousness and death. Unless suspected, carbon monoxide poisoning can be difficult to diagnose because the symptoms mimic other illnesses. People who are sleeping or intoxicated can die before waking. Carbon dioxide detectors should be placed in every home and apartment to warn occupants. If a carbon monoxide detector sounds or a person experiences symptoms that could be carbon-monoxide poisoning, everyone should leave the building immediately to get fresh air and call 911.

This is a reminder to all physicians and infection control practitioners that carbon monoxide poisonings resulting in a clinical or carboxyhemoglobin level of equal or greater than
10 percent is a mandatory reportable incident.
(Remember fingertip pulse-ox indicators may not work correctly in victims of carbon dioxide poisoning since carboxyhemoglobin is red - just like oxygenated blood.)

Carbon monoxide poisonings should be reported by calling the Disease Reporting Hotline at 1-800-362-2736. For more information on carbon monoxide poisoning can be found in the Epi Manual under Environmental Diseases or by logging onto <http://www.idph.state.ia.us/adper/cade_content/epi_manual/carbon_monoxide.pdf>

Hockey and Influenza

As many of you know, no games have been played this season in the National Hockey League and as of Wednesday of this week they have officially cancelled the season. This means there will be no Stanley Cup awarded this year in the NHL. The Stanley Cup is the oldest trophy that is competed for by North Americans. In 1893 it was donated by Lord Stanley of Preston to be awarded to amateur hockey champions of Canada. It became the symbol of supremacy in professional hockey in 1910 and it has been under the exclusive control of the NHL since 1946.

Why all this information about hockey and how is it related to influenza? The only other year since its inception that the Stanley Cup has not been awarded was in 1919. After five games (2-2-1) the series between the Montreal Canadians and the Seattle Metropolitans was cancelled due to the Flu Pandemic that raged from 1918 into1919.

What is Community Acquired MRSA?

Methicillin Resistance *Staphylococcus aureus* can cause illness in persons outside of hospitals and healthcare facilities. MRSA infections that are acquired by persons who **have not** been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as community associated MRSA infections. Staphylococcal or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and can occur in otherwise healthy people.

How can I prevent staphylococcal or MRSA skin infections?
Practice good hygiene:

- ☐ Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- ☐ Keep cuts and scrapes clean and covered with a bandage until healed.
- ☐ Avoid contact with other people's wounds or bandages.
- ☐ Avoid sharing personal items such as towels or razors.

More information is available at:

<http://www.cdc.gov/ncidod/hip/aresist/ca_mrsa_public.htm>

The Epi 5:

Here are the trivia questions from last week on epidemiology and its history:

1. What is the difference between a vector and a fomite?
2. What is incidence?
3. What is prevalence?
4. What is the relationship between incidence and prevalence?
5. What is the name of the longest running cohort study of cardiovascular disease?

Here are the answers to last's questions.

1. While a vector and a fomite can both be responsible for indirect transmission of a pathogenic agent, a vector is a living carrier of infection (such as a mosquito) while a fomite is inanimate object involved in disease transmission (such as a doorknob or toy).
2. Incidence refers to the number of new cases of an illness during a period of time in a specified population.
3. Prevalence refers to the total number of cases of an illness in a given population at a specific point in time (i.e. both new and chronic).
4. Incidence over time can be equal to prevalence if an illness is lifelong, cannot be cured and assuming no loss to fatality.
5. The Framingham Heart Study. The cohort study began in 1948 with 5,209 men and women between the ages of 30 and 62 from the town of Framingham, Massachusetts. Since 1948, subjects have returned to the study every two years for a detailed medical history, physical examination and laboratory tests. This study is responsible for a vast amount of what the medical community knows about risk factors for heart disease and stroke. For additional information visit: <http://www.nhlbi.nih.gov/about/framingham/>

Meeting Announcement and Training Opportunities:

Rabies: Replacing Fear with Facts

Information about the April 5, 2005 teleconference titled, "Rabies: Replacing Fear with Facts" can be found at <http://uhl.uiowa.edu/newsroom/upcomingevents/nltnrabies/index.html>. The conference is jointly sponsored by the University Hygienic Laboratory, NLTN, Iowa Department of Public Health, Veterinary Diagnostic Lab-ISU, and the CDC.

☐ The teleconference's primary audience is physicians and veterinarians who, after the teleconference, will understand:

- basic rabies epidemiology and infection;
- decision-making regarding animal quarantine vs. euthanasia;
- how to submit appropriate specimens and test request forms to local laboratories;
- testing conducted for rabies at local laboratories; and
- prescribing post-exposure prophylaxis.

Please forward the information link to any individuals you believe may benefit from, or be interested in, attending this teleconference. The University Hygienic Laboratory appreciates your cooperation and interest. Registration can be done online at the above website. For further information please the Hygienic Lab's Training and Outreach Coordinator, Beth Hochstedler, at 319-335-4303.

Regional Bioterrorism Conferences in Iowa

Region 1
April 26 and 27, 2005
Contact Information for the Conference:
Denyse Gipple
Region 1 Education Coordinator
Dgipple@grmedical.com
641.236.2339

Region 2
April 20, 2005
Contact Information for the Conference:
Jodi Willemsen
Region 2 Education Coordinator
Bteducation@cghealth.com
641.421.9327

Region 3
April 28, 2005
Contact Information for the Conference:
Deb Bomgaars
Region 3 Education Coordinator
Debb@mtcnet.net
712.737.2971

Region 4
May 5, 2005
Contact Information for the Conference:
Pam Walker

Region 4 Education Coordinator
pwalker@harrisoncountyia.org <mailto:pwalker@harrisoncountyia.org>
712.644.2220

Region 5
April 29, 2005
Contact Information for the Conference:
R. D. Keep
Region 5 Education Coordinator

Ema@mahaskacounty.org
641.672.1209

Region 6
March 2, 2005
Contact Information for the Conference:
Julie Stephens
Region 6 Education Coordinator
Julie.stephens@linncounty.org
319.892.6023